

# Application

## Hauke Academic Alternative School

Dear Parent or Guardian,

Hauke lends your student unique learning experiences which can only be realized through the commitment of partnership of students, parents, school, and community. This being such, Hauke is a one year obligation.

**Please print or type.**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Emergency Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Campus \_\_\_\_\_ Campus Phone \_\_\_\_\_ Grade Level \_\_\_\_\_

### **Part A. Why do you wish to attend Hauke Academic Alternative School?**

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### **Part B. Write a short essay discussing your personal strengths and weaknesses.**

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